Elementary Student Information

Child's Name: _____________________________________  Date of Birth: ____________________

All About Your Family:
Who lives at home with your child? Does your child have any siblings? How old? Pets?
____________________________________________________________________________________________

What language(s) are spoken at home? __________________________________________________________

Has your family/child recently moved? When? ____________________________________________________

Have their been any notable changes in your family life in the last year (new siblings, new family/pets, illness/injury, death (people or pets), etc)?
_________________________________________________________________________________

About Your Child:
Describe your child's personality. How do they approach things? What type of things do they like/dislike?:
_________________________________________________________________________________

_________________________________________________________________________________

Has your child been attended school previously? Yes  No
Why have you chosen to switch schools or educational methods?
_________________________________________________________________________________

Does your child have any suspected or diagnosed learning differences, behavioral challenges, difficulties, or medical diagnoses?
_________________________________________________________________________________

_________________________________________________________________________________

How does your child learn best? What things do they like/dislike about school?
_________________________________________________________________________________

_________________________________________________________________________________

What goals and expectations do you have for your child at Aggieland this year?
_________________________________________________________________________________

_________________________________________________________________________________

New Students Only: We will be contacting your child's previous school for records/references. This will be kept confidential.

Previous Teacher's Email and School: _____________________________________________________________

I grant permission for (name of previous school/district) ________________________________ to release the academic records of my child, (name) ________________________________.

Parent's Signature: ________________________________  Date: __________________________